

CITY OF BOSTON EMPLOYMENT APPLICATION An Equal Opportunity / Affirmative Action Employer



In compliance with Federal and State Equal Employment Laws, Equal opportunity will be afforded to all applicants regardless of race, color, sex, age, religious creed, disability, national origin, ancestry, sexual orientation, marital status, ex-offender status, prior psychiatric treatment or military status. It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please note that as a condition of employment you must be a resident of the City of Boston on the day of employment and remain a resident for the duration of your employment with the City.

PERSONAL DATA

PLEASE PRINT AND COMPLETE ALL INFORMATION ON BOTH SIDES OF THIS APPLICATION, PLEASE ATTACH A RESUME, IF AVAILABLE.

Name: Last		First	Middle In	Middle Initial		Social Security Number					
Date of Application:		Posting	#:	Position Title:							
Address: Street	State	Zip Code									
Home Phone: (Area Code	Work Phone: (Work Phone: (Area Code & Number)									
How were you referred to the City?											
Have you any relatives working for the City of Boston or County of Suffolk? Yes No											
Have you ever worked for the City of Boston or County of Suffolk? Yes No											
Are you legally authorized to work in the U.S.? Yes No Veteran of U.S. Armed Forces? Yes No											
What was your attendance record at your prior place of employment?											
		EDU	CATION								
School	Name & Address	of School	Course of Study	Years Did you Diploma Completed Graduate? or Degree							
High School or Equivalent				1	2	3	4	yes			
College or University				1	2	3	4	yes			
Graduate School				1	2	3	4	yes no			
Other .				1	2	3	4	yes no			
Additional training or skills (languages, computer skills, special licenses, certifications, etc.):											
Professional Affiliations:											

EMPLOYMENT HISTORY

Please list your most recent position first and account for all periods of time. You may include volunteer, internship or military experience.

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Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary					
Number & Street			Reason For Leaving Supervisor							
City & State & Zip Code			Title/Duties Performed							
Area Code &Phone Number										
May we contact this employer?	Yes	No								
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary					
Number & Street			Reason For Leaving Supervisor							
City & State & Zip Code			Title/Duties Performed							
Area Code &Phone Number										
May we contact this employer?	? Yes	No								
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary					
Number & Street			Reason For Leaving	Supervisor						
City & State & Zip Code			Title/Duties Performed							
Area Code &Phone Number										
May we contact this employer?	? Yes	No	-							
Employer's Name	From Mo/Yr	To Mo/Yr	# of Hours Week	Starting Salary	Final Salary					
Number & Street			Reason For Leaving	Supervisor						
City & State & Zip Code			Title/Duties Performed							
Area Code &Phone Number										
May we contact this employer	? Yes	No								
date of change:			-		yes, please indicate other name and the					
				Date of Change	······································					
prior arrest, criminal court app	earances or conv	victions. In addition,	any applicant may answer '	n may answer "no record" with "no record" with respect to an ch did not result in a criminal	respect to any inquiry herein relative y inquires relative to prior arrests, cou- conviction.					
Have you ever been convicted	of a felony?	res No	If yes, please give date a	and explain.						
Have you been convicted of traffic violations, affray or d			vears? (Do not include a fi No If yes, plea	rst conviction for drunkennes ase give date and explain	ss, simple assault, speeding, minor					
				srepresentation and/ or withh discovered after employment	olding of information on this begins.					
Applica	nt's Signature		 		Date					